

Division of Remediation Support  
Oversight Resources Allocation Element  
Office of Accountability  
401 East State Street  
5th Floor West  
P.O. Box 028  
Trenton, NJ 08625  
**FAX (609) 633-1439**

**SELF-GUARANTEE APPLICATION**

*This application is prepared in conjunction with N.J.A.C. 7:26C-7.7.*

**Please send the completed form to:**

Division of Remediation Support  
Oversight Resources Allocation Element  
Office of Accountability  
401 East State Street, 5<sup>th</sup> Floor W  
P.O. Box 028  
Trenton, NJ 08625-0028  
Attn: Remediation Funding Source Coordinator

**An application for Self-Guarantee should include the following information:**

**1. Site information:**

NJDEP Program Interest #/Case Number: \_\_\_\_\_

Contaminated Site List Number: \_\_\_\_\_

NJDEP Program Site Name: \_\_\_\_\_

Site location: \_\_\_\_\_

\_\_\_\_\_

Oversight Document Type and Dated executed: \_\_\_\_\_

**2. Self-Guarantee Applicant's Information:**

Company:: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. **Amount of Remediation Funding Source to be posted**

\$ \_\_\_\_\_

4. a. **Estimated remaining cost of remediation**

\$ \_\_\_\_\_

b. **Estimated cost of remediation for the following 12-month period**

\$ \_\_\_\_\_

5. **The following Financial Documentation from the most current Fiscal Year End MUST be attached:**

- An **audited** financial statement prepared in accordance with the American Institute for Certified Public Accountants guidelines, including but not limited to income statement, balance sheet and consolidated statement of cash flow.

6. **PLEASE FILL IN ITEMS 6A-6D BELOW. THE INFORMATION PROVIDED SHOULD COME FROM THE FINANCIAL DOCUMENTATION PROVIDED IN ITEM #5. NEXT TO EACH VALUE, PLEASE INDICATE THE PAGE ON WHICH THE INFORMATION CAN BE FOUND.**

The following statements are to be made from the chief financial officer or similar officer of \_\_\_\_\_ (Self-Guarantor) and that the information provided in the written statements is true to the best of the officer's information, knowledge and belief and meets the requirements of N.J.S.A. 58:10B-3(f):

- a. Does the estimated cost of remediation exceed one-third of guarantor's net worth?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Self Guarantor's Net Worth (pg. _____)	\$ _____
One-third of above	\$ _____
Estimated cost of remediation	\$ _____

- b. Is cash flow sufficient to assure the availability of sufficient monies for the remediation?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Self Guarantor's Net Cash provided by  
operating activities (pg.\_\_\_\_\_)
Estimated cost of remediation

\$ \_\_\_\_\_
\$ \_\_\_\_\_

- c. Do the gross receipts (revenues) exceed gross payments (expenses) for the preceding fiscal year ?

\_\_\_\_ YES \_\_\_\_ NO

Gross Receipts (revenues) (pg.\_\_\_\_\_)
Gross Payments (cost and expenses
excluding interest and tax) (pg.\_\_\_\_\_)
Net Income

\$ \_\_\_\_\_
\$ \_\_\_\_\_
\$ \_\_\_\_\_

- d. Are the gross receipts greater than the estimated costs for completing the remediation?

\_\_\_\_ YES \_\_\_\_ NO

Gross Receipts (revenues) (pg.\_\_\_\_\_)
Estimated cost of remediation

\$ \_\_\_\_\_
\$ \_\_\_\_\_

The aforementioned statement should be certified and notarized in accordance with
N.J.A.C. 7:26C-1.2(a)2.

CERTIFICATIONS

"I certify under penalty of law that I am fully aware of the requirements of
N.J.S.A. 58:10B-3 as they pertain to remediation funding sources. Specifically, I am
aware of the responsibilities to establish and maintain the remediation funding source.
Additionally, I acknowledge that the remediation funding source as required by N.J.A.C.
7:26C-7 shall be maintained until such time as an alternative remediation funding source
is submitted to the Department and it has been approved by the Department in writing or
the Department determines that it is no longer necessary to maintain a remediation
funding source. I am aware that there are significant civil penalties for knowingly
submitting false, inaccurate or incomplete information and that I am committing a crime
of the fourth degree if I make a written false statement, which I do not believe to be true.
I am also aware that if I knowingly direct or authorize the violation of any statute, I am
personally liable for the penalties."

Signature/Title

Date